DOCUMENT RESUME

ED 449 443 CG 030 685

AUTHOR Guinee, James P.
TITLE Developing an Internship Training Program for Master's Level Therapists.
PUB DATE 2001-03-00
NOTE 17p.
PUB TYPE Reports - Descriptive (141)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Counseling; *Counselor Training; *Graduate Students; *Guidance Centers; Higher Education; *Internship Programs; Masters Programs; Models; Practicum Supervision; Program Development; Program Effectiveness

ABSTRACT

The purpose of this paper is to present a model of a master's level internship training program at a university counseling center and to show how master's level therapists, with adequate supervision and training, have enhanced the performance of a counseling center. The first step was to develop a training manual to serve as a roadmap for staff and interns. During orientation, interns met with senior staff members to learn more about the assignments, policies, and procedures. The training director conducted weekly supervision meetings. Interns were required to co-lead at least one group with a professional staff member. While intake interviews comprised only a small amount of an intern's time on site, they were viewed as a vital endeavor and treated as such in supervision, consultation, and training. At the beginning of the semester, each intern was expected to utilize a part of his/her time at the center to obtain more experience and training in a particular area. Evaluations of groups and outreach programming conducted by interns have been positive. The model helps point out that regardless of managed care, there are many opportunities for therapists at all levels of education. Appendix 1 is Job Description for Intern. (Contains 25 references.) (Author/JDM)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 449 443

Running Head: Training Program

Developing an Internship Training Program for Master's Level Therapists

James P. Guinee

Counseling Center

University of Central Arkansas

Correspondence should be addressed to James P. Guinee, Counseling Center, 313 Bernard Hall, University of Central Arkansas, Conway, AR 72035 (jamesg@mail.uca.edu).

Submitted March 7, 2001

BEST COPY AVAILABLE

CG030685

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☐ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY
J. Guinee
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC).

Abstract

A recent article (Furr, 1999) extolled the virtues of training master's level students in college counseling centers, however, there is little information in the counseling literature for counseling center staff that wish to implement a training program. The purpose of this article is to present a model of a master's level internship training program at a university counseling center. Comparisons and contrasts are made to predoctoral internship programs. Rationale for the philosophy and components of the program are provided.

Developing an Internship Training Program for Master's Level Therapists

Introduction

In a recent article, Furr (1999) extolled the virtues of training master's level graduate students in college counseling centers, suggesting such benefits as increasing the services it provides to clients, developing a challenging atmosphere that allows staff to teach the skills they use, and infusing the center with energy and enthusiasm. She also suggested that the benefits accrued is fairly proportional to the amount of time and energy that professional staff devote to such training. Therefore, some counseling centers, in order to expand their services as well as offset the increasing clinical demands (Guinee & Tracey, 1999; Stone & Archer, 1990), may have opportunities to hire full-time interns from their institution's (or other institutions) academic counseling departments.

However, for counseling center staff that wish to implement an internship program, there is surprisingly little literature on this topic. This is complicated by the fact that (a) most studies in the counseling literature equate "intern" with "predoctoral," and (b) the overwhelming majority of predoctoral intern studies have focused on the application and selection process (Stedman, Neff, Donahoe, Kopel, and Hays, 1995). Therefore, there is a dearth in research on models and types of internship training programs in general (Brown, 1996).

Clearly, there are many terminal master's programs in the country, and therefore many master's students that require some type of internship to complete their graduate education. Cummings (1995) suggests that one impact of managed care has been the increase of services by master's level therapists, and that counseling agencies, in order to survive professionally, should consider expanding their acumen to the supervision and training of master's level students. Further,

with the increasing difficulty of acceptance into doctoral psychology programs, as well as the increased competition for predoctoral internships, it is likely that more psychology graduate students will view the terminal master's program as a viable alternative.

Therefore, the purpose of this article is to describe the development a counseling center internship program for master's level therapists, to other psychologists and counselors who are engaged in or seek to facilitate such training programs. The counseling center internship program has existed since 1990, and to date has trained approximately 30 interns (and 40-50 practicum students). Interns are selected from the university's counseling psychology and community counseling programs, and each fall and spring semester the center has openings for three interns (and three practicum students). The professional staff consist of two doctoral-level psychologists and two master's level clinicians.

Due to state licensure requirements that internships be 600 hours in length, this translates to a full-time intern working for 15 weeks (i.e., almost a semester). Therefore, the training program is comparatively brief, and requires a high degree of attention and reevaluation each semester. Finally, much of the development of this internship program is influenced by the current model of predoctoral internship programs in counseling centers.

Initial Steps

In line with Stone and Archer (1990), the first step in structuring any training program should be to develop a training manual, an action that not all counseling centers have taken (Guinee & Ness, 1999). The center's training manual serves as the roadmap for the staff and interns; it is immensely helpful for thinking trough specific requirements and policies, particularly how the interns would be

evaluated, and based on what standards (Hahn & Molnar, 1991). The manual also spells out the intern performance responsibilities, administrative policies, and grievance procedures.

An integral aspect of developing the manual, and therefore the program (and an ongoing endeavor), has been setting realistic expectations for master's level interns, based on their level of experience and academic training, determining (in contrast with professional psychologists) what the intern can and cannot perform. Interns must be capable of performing the various activities assigned to them; staff must be capable of providing consistent supervision and training modules. It is essential that the training staff meet on a routine basis, to continually reevaluate the match between the trainees and the training experiences.

Another essential component of an effective training program is that each staff member is committed (although not necessarily equally) to the mission of training; professional staff should view training and supervision as integral to the agency's mission (Stedman et al., 1995), be role models for trainees (Kaslow & Rice, 1985), and make interns feel that their service is essential at the onset of the internship (Solway, 1985). In addition, it has been tremendously beneficial for the training staff to develop a positive relationship with the faculty in the academic counseling department, given that the faculty must be supportive of recommending the center as an internship site to the students. Initially and currently it has necessitated a lot of networking and in-class presentations to the students on the benefits of the center's internship program.

Program Description

Orientation. From the beginning of the internship, interns are encouraged to actively participate in different aspects of the center's functioning, and they learn about these different aspects during orientation. They start mid-week, have the weekend to recuperate from the whirlwind of new

information (Shemberg & Levanthal, 1981), and finish the following mid-week with an all-staff lunch outing, very much in the spirit of celebrating getting through the first week (Kaslow & Rice, 1985; Solway, 1985).

During orientation interns meet with each senior staff member to learn more about the training program (e.g., client assignments, outreach interests, policies and procedures). Student services personnel that tend to refer clients (e.g., Health Resources, International Programs, Minority Student Affairs) also meet with the interns. The overall goal of orientation is (and ought to be) disseminating specific information and guidance (Gybers & Johnston, 1965) as well as team-building (Winnicott, 1965) during this "sizing-up" period (Lamb et al., 1982). Given that the internship program is only 16 weeks in length, this first week is particularly crucial to the success of the rest of the semester.

Supervision. Each intern is assigned a psychologist who supervises their client case load. Each week interns and their respective supervisors meet for two hours, and interns are expected to maintain a maximum case load of 10 individual clients. Interns are also required to tape sessions, thus the supervisor has the opportunity to independently review performance. Interns also meet weekly for group supervision (conducted by the training director), a 3-hour weekly meeting to discuss individual clients, clinical topics, and professional concerns. Thus, each intern's case load is given a strong amount of supervision.

With regard to professional staff members, weekly supervision meetings are conducted by the training director. These meetings increase the likelihood of meeting the individual needs of the trainees, as well as preventing and/or solving problems that arise (Kaslow & Rice, 1985). Again, the overall objective is to ensure that interns are being carefully guided through the internship, and that they are being trained to be competent and responsible therapists.

BEST COPY AVAILABLE

Individual Counseling. As stated, interns are expected to carry a maximum of 10 individual clients per week. This is not only to ensure sufficient supervision is provided, but that there is ample time devoted to training activities. Unfortunately, many other agencies in the local community purport to "train" interns (each week), yet each week these students see 20-25 individual clients, lead a therapy group, and conduct intake interviews. Even if the intern is getting 1-2 hours of individual supervision a week, there is little time left in the week for training (e.g., seminars, case presentations).

A training program should start with supervision and training, as opposed to squeezing it into what's left in the week. This is particularly important for master's students--and the interns that are trained at the center are keenly aware of their need for training. Further, given that master's level interns are typically requiring more supervision than predoctoral interns, a relatively small case load ensures that interns are carefully supervised in their work with clients.

Group Counseling. Interns are required to co-lead at least one group with a professional staff member, and are given supervision for that particular group. Given the length of the program, interns can only co-lead short-term, structured groups (e.g., stress management, self-esteem) as long-term therapy groups (more typical of doctoral internships) are not possible. However, Cummings (1995) would argue that managed care will continue to have an impact on the growth of groups, particularly psychoeducational groups, thus this training activity is an important endeavor.

Intake Interviewing/Crisis Intervention. While intake interviews may comprise a relatively small amount of an intern's time on site, it is viewed as a vital endeavor and treated as such in supervision, consultation, and training. Given the relationship between client satisfaction with their initial visit to an agency and subsequent return rate (Kokotovic & Tracey, 1987), as well as the complexity of the

initial intervention (Richmond, 1992), this emphasis should be no surprise to those involved in supervision and training.

With respect to counseling center emergencies, professional staff rotate as "Officer of the Day" (OD). Therefore, all clients who request and/or need counseling immediately are screened by the OD, and based on each intern's skill level, interest, and schedule availability, may be assigned to a particular intern. The screening process increases the likelihood that master's level interns are not continually overwhelmed by various emergencies (e.g., suicidal client).

Outreach/Programming. Interns are expected to lead and/or co-lead workshops based on their training needs and experience. Programs (e.g., eating disorders, stress management, sexual assault prevention) are typically assigned by the Outreach Programming Coordinator, in conjunction with the trainee's interest as well as his/her skill level. Again, given the increasing emphasis on psychological preventive care (Cummings, 1995), interns need and receive adequate attention and training.

Case Conferences. Each week, interns and professional staff meet to review and discuss each intake that interns have conducted. These conferences ensure that training staff are monitoring interns' ability to conduct thorough interviews and decision making skills in choosing which clients they wish to work with. Further, given the increasing numbers of counseling agencies and counseling centers that have adopted brief therapy models (Rudolph, 1993; Stone & Archer, 1990), particular attention is given to determining the appropriateness of each client for the brief therapy model.

Professional Development. Training seminars (2-hour topical presentations) are held twice a week. Each seminar topic is grouped into one of four categories: (a) Assessment & Testing (e.g., Test Interpretation & Feedback), (b) Counseling Approaches & Techniques (e.g., Brief Therapy Models), (c) Client Populations (e.g., Diversity, Eating Disorders, Sexual Abuse Survivors), and (d)

Professional Development (e.g., Ethics, Licensure). Although these seminars may not have the same depth of doctoral internship weekly seminars, they span the breadth of what most doctoral internships offer.

One program of particular note is "Intern Return Day" (Guinee, 1998). Each semester, five to six ex-interns are invited back for a half-day to meet with current interns, and share their professional experiences and knowledge. Indeed, such peer-support programs have been shown to be critical in the development of professionals (Heiss, 1970). Interns also use three days for professional development (on/off-campus presentations, conferences, job interviews). With respect to conferences, each semester (via the director) a professional development fund ensures trainees can attend at least one conference, and during the past year interns attended conferences on such topics as HIV/AIDS, group therapy, and domestic violence.

Specialty Areas. At the beginning of the semester, each intern is expected to utilize a part of his/her time at the center to obtain more experience and training in a particular area. Therefore, while there are minimum requirements that each intern must obtain (e.g., case load, attend seminars, supervision), each intern has the opportunity to "branch off" into his/her own area and gain more expertise in groups, personality assessment, crisis intervention, etc. This ensures that each intern can, to a certain extent, shape the internship to more closely match their own personal and professional needs.

Policies and Procedures

Intern Selection. Since the program here is "captive" (i.e., only students from the campus academic program are accepted), there is no national search/interview process as with predoctoral internships. Further, these interns do not have to relocate or abandon their support systems, unlike most doctoral interns (Wachowiak, Bauer, & Simono, 1979). However, support mechanisms are still important

BEST COPY AVAILABLE

(e.g., orientation week), as interns do "leave" (i.e., terminate course work) the graduate program, perhaps where they were well-known and well-established, and prove themselves all over again (Cohen, 1980; Glenwick & Stevens, 1980).

An envious aspect of the doctoral internship selection process is how systematically the information about programs is disseminated, and the interview/decision process is conducted (APPIC, 1995). Most of the other internship sites in the local community do not formally advertise internship positions, and have no set time period for searching and hiring students. Therefore, it has been necessary to communicate to the faculty a consistent "due date" for applications so that students considering internships will not miss an opportunity to apply at the center.

Another problem with a captive program is that all of the students applying for internship typically know each other; further, current interns generally refrain from being involved in the interview process due to their familiarity with their fellow students. Therefore, given that counseling centers are typically the most preferred types of sites for training (Gloria & Robinson, 1994), it is not an uncommon result for the center to have a fairly large applicant pool of fellow classmates vying for relatively few slots.

Evaluation Procedures.

Given the brevity of the internship program, applicants are carefully screened during the application and interview process. Further, training staff use the orientation period to gauge each intern's individual strengths and weaknesses. Training staff are consistent about providing open and immediate feedback, so that an intern's initial problems will be given sufficient time and attention throughout the semester. In addition, during orientation week, interns complete a self-assessment

evaluation form, designed to provide the training staff with a clearer picture of how the intern views his/her strengths and weaknesses, experiences, and goals.

In the context of individual and group supervision, interns receive ongoing feedback from their supervisors with respect to their clinical strengths and growth areas. Formal evaluation is conducted at the middle and end of the semester, and the training director is included in the evaluation process. The mid-semester evaluation process ensures a sufficient time has transpired for intern acclimation (Solway, 1985), as well as problem emergence. Given the estimated prevalence of impaired interns combined with the brevity of a semester program, due process procedures have been developed to enable a swift, appropriate, and ethical response to an intern's inadequate performance, or impairment (Hahn & Molnar, 1991).

Summary

In capitulating the main ingredients from the program, the main objective has been to spell out how master's level therapists, with adequate supervision and training, have enhanced the performance of this counseling center. Each semester the center has anonymously surveyed clients; the overall results demonstrate that clients are generally satisfied with the counseling services they receive from interns. Evaluations of groups and outreach/programming conducted by interns have been equally encouraging. The training staff invest heavily in the supervision and training of the interns, and the interns in return provide a variety of services that enhance the productivity of the center, as well as insulating the professional staff from fatigue (Furr, 1999) all too common in counseling center agencies (Stone & Archer, 1990).

Clearly the training program that has been presented is only one model for implementing master`s level internship training. Certain aspects may be more or less feasible for other counseling

BEST COPY AVAILABLE

centers. Nevertheless, it is hoped that counseling center staff that do not train graduate students will seriously consider the potential benefits of such training. No doubt many psychologists and counselors have grown weary hearing the effects of managed care on professional opportunities, perhaps the very existence of the profession (Plante, 1996), but clearly those of us who invest our time and energies into supervision and training are being admonished to reframe and revise our programs (e.g., Cummings, 1995; Karon, 1995b). The reality seems to be that regardless of managed care there are plenty of opportunities for therapists of all levels of education, and while there exists a need for master's level therapists, there exists a need for sufficient and appropriate supervision and training.

References

Association of Psychology Postdoctoral and Internship Centers. (1994). Directory: Internship and postdoctoral programs in professional psychologist (23rd ed.). Washington, DC: Author.

Brown, R. A. (1996). Training in professional psychology: Are we addressing the issues? Professional Psychology: Research and Practice, 27, 506-507.

Cohen, L. (1980). The new supervisor views supervision. In K. A. Hess (Ed.), Psychotherapy supervision: Theory, practice, and research (pp. 78-84). New York: Wiley-Interscience.

Cummings, N. A. (1995). Impact of managed care on employment and training: A primer for survival. Professional Psychology: Research and Practice, 26(1), 10-15.

Furr, S. R. (1999). Training graduate students in college counseling centers: Do the benefits outweigh the costs? Journal of College Counseling, 2, 1-8.

Glenwick, S. D. & Stevens, E. (1980). Vertical supervision. In K. A. Hess (Ed.), Psychotherapy supervision: Theory, practice, and research (pp. 226-241). New York: Wiley-Interscience.

Gloria, A. M. & Robinson, S. E. (1994). The internship application process: A survey of program training directors and intern candidates. The Counseling Psychologist, 22(3), 474-488.

Guinee, J. P. (1998, Winter). Intern return: Celebrating the past, present, and future. American College Counseling Association Newsletter.

Guinee, J. P., & Ness, M. E. (1999). Counseling centers of the 1990s: Challenges and changes. The Counseling Psychologist. In Press.

Gybers, N. G. & Johnston, J. (1965). Expectations of a practicum supervisor's role. Counselor Education and Supervision, 4, 68-74.

Hahn, W. K. & Molnar, S. (1991). Intern evaluation in university counseling centers: Process, problems, and recommendations. The Counseling Psychologist, 19(3), 414-430.

Heiss, A. M. (1970). Challenges to graduate schools. San Francisco, CA: Jossey-Bass.

Karon, B. K. (1995b). Provision of psychotherapy under managed health care: A growing crisis and national nightmare. Professional Psychology: Research and Practice, 16(2), 5-9.

Kaslow, N. J. & Rice, D. G. (1985). Developmental stresses of psychology internship training: What training staff can do to help. Professional Psychology: Research and Practice, 16(2), 253-261.

Kokotovic, A. M. & Tracey, T. J. (1987). Premature termination at a university counseling center. Journal of Counseling Psychology, 34, 80-82.

Lamb, D. H., Baker, J. M., & Jennings, M. L. (1982). Passages of an internship in professional psychology, 13(5), 661-669.

Plante, T. G. (1996). Ten principles of success for psychology trainees embarking on their careers. Professional Psychology: Research and Practice, 27, 304-307.

Richmond, R. (1992). Discriminating variables among psychotherapy dropouts from a psychological training clinic. Professional Psychology: Research and Practice, 23(2), 123-130.

Rudolph, B. A. (1993). The importance of the mid-point review in time-limited therapies. Professional Psychology: Research and Practice, 24(3), 346-352.

Shemberg, K. M. & Levanthal, D. B. (1981). Attitudes of internship directors toward preinternship training and clinical training models. Professional Psychology, 12, 253-260.

BEST COPY AVAILABLE

Solway, K. (1985). Transition from graduate school to internship: A potential crisis. Professional Psychology: Research and Practice, 16(1), 50-54.

Stedman, J. M., Neff, J. A., Donahoe, C. P., Kopel, K., & Hays, J. R. (1995). Applicant characterization of the most desirable internship training program. Professional Psychology: Research and Practice, 26, 396-400.

Stone, G. L., & Archer, Jr., J. (1990). College and university counseling centers of the 1990s: Challenges and limits. The Counseling Psychologist, 18, 593-607.

Wachowiak, D., Bauer, G., & Simono, R. (1979). Passages: Career ladders for college counseling center psychologists. Professional Psychology, 10, 852-858.

Winnicott, D. W. (1965). The maturational processes and the facilitating environment. New York: International Universities Press.

APPENDIX 1: JOB DESCRIPTION FOR INTERN

PERFORMANCE RESPONSIBILITIES:

Service Requirements (20 hrs/wk):

1. Individual Counseling:	Case load of 10 individuals/couples per week; 1-2 intakes per week
2. Group Counseling:	Co-lead 1 group per semester
3. Crisis Intervention:	Serve as on-call person as assigned by Officer of the Day
4. Outreach Programming:	Conduct programs/workshops as assigned by Outreach Coordinator
5. Personality Assessment:	Administer and interpret personality tests with clients as necessary
6. Case Presentations:	Conduct 1 formal case presentation; Attend other case presentations

Training Requirements (10 hrs/wk):

1. Supervision:	Individual Supervision 12 - 2 hours/week Group Supervision with Training Director 2-3 hours/week
2. Training Seminars:	Regularly attend and participate in training seminars 1-2 times/week
3. Staffings:	Attend/participate in weekly staffings

Administrative Requirements (5 hrs/wk):

1. Clinical Records:	Maintain clinical records in accordance with the Center's procedures
2. Staff Meetings:	Regularly attend/participate in weekly staff meetings
3. Evaluation:	Complete/submit evaluation forms as assigned (e.g., supervision)

Additional and Optional Opportunities (5 hrs/wk):

1. Training:	Attend conferences/workshops
2. Specific Areas:	Seek out additional opportunities in testing, groups, programming, etc.
3. Research:	Read and research the center's resources and materials
4. Independent Projects:	Initiate new projects, tasks

BEST COPY AVAILABLE